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TRAVEL CLAIM FORM

Please (1) Complete this form, (2) Prepare the relevant documents listed on page two, and (3) Mail them to our office immediately to fasten the claim process. Thank you.

Certificate No. _____

A. DETAILS OF CERTIFICATE

Participant's Full Name _____

GST-registration No. (If registered)

Date of registration - -

B. DETAILS OF COVERED PERSON / CLAIMANT

Full Name _____

Mobile No. -

MyKad / Passport No. _____

Correspondence Address _____ Email _____

C. DETAILS OF TRAVEL & LOSS

Travel Period (DD/MM/YYYY) From - - To - - Travel Agency _____

Date and Time of Loss / Accident Date - - Time Location _____

Type of Loss / Accident (Please tick box(es) applicable to your claim only)

<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Medical, Dental and Other Expenses	<input type="checkbox"/> Baggage Delay	<input type="checkbox"/> Travel Delay
<input type="checkbox"/> Trip Curtailment	<input type="checkbox"/> Flight Misconnection	<input type="checkbox"/> Loss of Deposit or Cancellation	
<input type="checkbox"/> Loss/Damage to Baggage, Personal Effects & Money	<input type="checkbox"/> Others _____		

Description of Loss / Accident / Nature of Illness Total amount claimed (MYR)

**Please provide details in a separate paper if space provided is insufficient*

Do you have other insurance/takaful covering this loss? If yes, please provide

Insurance Company / Takaful Operator _____

Policy / Certificate No.

D. BANK ACCOUNT DETAILS

Please provide your bank account details in order for us to expedite your claims payment process by direct credit to your account.

Name (as per bank account) _____

MyKad / Passport No. (as per bank account) _____ Bank Name _____ Account No. _____

E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY NOTICE

[Declaration] I/We hereby declare that the above statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

[Authorisation] I/We hereby authorise any physician, nurse, medical staff, hospital, clinic, organization, institution or individual that has any records or knowledge of me /us to disclose all information pertaining to my health/medical history/claims and to provide copies of all medical records/certifications, including any earlier medical history to the Company in order to process my/our claims. The Company may use the above medical information for any and all purposes pertaining to or arising out of the claim by the undersigned. This authorisation shall remain valid until the above referenced claim has been finalised, but in no event longer than 7 years from the date below. I/We understand that I/We have the right to receive a copy of this authorisation. Photocopies of this authorisation shall be considered as valid as the original.

[Customer's Data Privacy Notice] The Company is committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published on our website.

Signature of Covered Person / Claimant: _____

Name of Covered Person / Claimant: _____

MyKad / Passport No. _____

Date: _____

DOCUMENTS TO BE MADE AVAILABLE AT THE TIME OF REGISTRATION

Below is a list of minimum documents required to process your claim. The request is not intended to be all inclusive as the need for any additional documents and/or information may arise in the course of our claim analysis.

Type of Loss / Accident	Documents Required <i>(Please tick against the documents you have submitted.)</i>
Basic for all types	<input type="checkbox"/> Original completed travel claim form <input type="checkbox"/> Proof of travel (e.g. Original boarding pass or Air tickets) <input type="checkbox"/> Copy of Takaful Certificate
(plus) as applicable below:	
Personal Accident	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> Death Certificate <input type="checkbox"/> Post Mortem Report <input type="checkbox"/> Police Report
Medical, Dental, and Other Expenses	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> All original medical invoices and receipts <input type="checkbox"/> Admission/Discharge Report <input type="checkbox"/> Original receipts for additional expenses claimed for additional travel and accommodation <input type="checkbox"/> Regular doctor's report on medical history
Baggage Delay	<input type="checkbox"/> Delayed Baggage report from the Airline <input type="checkbox"/> A written confirmation / delivery note from the Airline on the date and time of baggage delivery
Travel Delay	<input type="checkbox"/> A written confirmation or Report from Airline on duration of delay and reason <input type="checkbox"/> Original receipts for payment of the tour, if claiming
Trip Curtailment	<input type="checkbox"/> Medical Report <input type="checkbox"/> Death Certificate & Proof of relationship (if applicable) <input type="checkbox"/> Original receipts for payment of the tour or prepaid cost of transport cost and accommodation <input type="checkbox"/> A written confirmation from the attending doctor abroad that it is necessary to return home – If due to hijacking or natural disaster, written confirmation from tour operator concerned confirming the incident <input type="checkbox"/> Boarding pass to confirm the actual date of arrival back to Malaysia
Flight misconnection or Travel Overbooked	<input type="checkbox"/> A written confirmation from Airline confirming the overbooked or misconnected flight details and when the next alternative transportation is made available
Loss of Deposit or Trip Cancellation	<input type="checkbox"/> Medical Report <input type="checkbox"/> Death Certificate & Proof of relationship (if applicable) <input type="checkbox"/> Original receipts for payment of the tour or prepaid cost of transport cost and accommodation <input type="checkbox"/> Tour operator's booking and cancellation/refund invoices, terms & conditions
Loss / Damage to Baggage, Personal Effects & Money	<input type="checkbox"/> Property Irregularity Report from Airline or damaged report issued by airlines, carrier, hotel manager, stated detail of loss or damage and their expenses – if any <input type="checkbox"/> Documentation of carrier's settlement/rejection of claim for loss of property <input type="checkbox"/> Police report lodged at place of incident within 24 hours and detailing the circumstances and list of items stolen. <input type="checkbox"/> Purchase receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase <input type="checkbox"/> Photographs to show extent of damage and original repair invoices

* Please refer to **Certificate Wording** and check the list of documents required for claims assessment if your type of claim doesn't fall into any of the above mentioned.

We Should Talk

Once your claim is registered, you will be updated through email. If you have any enquiries on your claim, please reach us at:

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